# 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 17, 2003**
**Secretary of State**

DOCUMENT# 744118

**Entity Name:** ANTIOCH BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

66 E. MERRITT AVE.
MERRITT, IS 32953 US

**New Principal Place of Business:**

66 E. MERRITT AVE.
MERRITT ISLAND, FL 32953 US

**Current Mailing Address:**

P.O. BOX 540361
MERRITT ISLAND, FL 329540361 US

**New Mailing Address:**

**FEI Number: 59-1954029** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILSON, WAYNE
605 WARNER WAY
MERRITT ISLAND, FL 32953 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: WILSON, WAYNE D
Address: 605 WARNER WAY
City-St-Zip: MERRITT ISLAND, FL 32953

Title: T ( ) Delete
Name: SNOW, KRISTINE
Address: 375 ISLAND OAKS PL.
City-St-Zip: MERRITT ISLAND, FL 32953

Title: SD ( ) Delete
Name: GREENFIELD, RENEE',
Address: 4635 N FRIDAY CIR
City-St-Zip: COCOA, FL 32926

Title: D ( ) Delete
Name: POLLARD, ELMER L
Address: 482 ORANGE AVE
City-St-Zip: MERRITT ISLAND, FL 32952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE WILSON PD 03/17/2003

Electronic Signature of Signing Officer or Director — Date